

2010 ELECTION CYCLE

Judicial Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Delbert Hosemann
SECRETARY OF STATE

RECEIVED

JUL 09 2010

Campaign Finance
Secretariat

Name of Candidate

Catherine Farris-Carter

Address

P.O. Box 673 - Shaw - MS - 38773 County: Bellum

Telephone Work

662-721-3198

Home

662-754-2414

Fax

662-754-2414

Contact Name

Catherine Farris-Carter

Email Address

ydkato@bellsouth.net

Office Sought

Chancery Court Judge



Check here if above is different from previous report

May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory

June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory

☒ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory

October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory

October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory

November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates

January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory

Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 0 + \$ 0	\$ 0	\$ 0
Total amount of disbursements	\$ 3,080. ⁰⁰ + \$ —	\$ 3,082. ⁰⁰	\$ 3,130. ⁰⁰
Total amount of cash on hand		\$	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Catherine Farris-Carter

Reporting period

6-1-10

through

6-30-10

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>LAMAN</u>	<u>6/14/10</u>	\$ <u>3,080.⁰⁰</u>
Mailing Address		
<u>P.O. Box 548</u>		
City, State, Zip Code		
<u>Greenville, MS 38701</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>3,080.⁰⁰</u>
<u>Ad.</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
		\$
Mailing Address		
		\$
City, State, Zip Code		
		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
		\$
Mailing Address		
		\$
City, State, Zip Code		
		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
		\$
Mailing Address		
		\$
City, State, Zip Code		
		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
		\$
Mailing Address		
		\$
City, State, Zip Code		
		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
		\$
Mailing Address		
		\$
City, State, Zip Code		
		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$